



Arizona Department of Weights and Measures
Vapor Recovery
Pre-Test Checklist

Test Date _____

Location BMF # _____

RSR No. _____

Site Location

Name _____
Address _____
City, State, & Zip _____

Testing Company

Name _____
Address _____
City, State, & Zip _____

Type of VR System:

☐ Balance ☐ Vapor Vac ☐ Healy ☐ Wayne Vac ☐ Hirt ☐ Hasstech
☐ Manifold ☐ Dedicated Vent pipe color _____

87 UNL	87 UNL	89 MUL	91 SUL
Actual Tank Size (gal) _____	Tank Size _____	Tank Size _____	Tank Size _____
Gallons _____	Gallons _____	Gallons _____	Gallons _____
Ullage _____	Ullage _____	Ullage _____	Ullage _____
Ullage% _____	Ullage% _____	Ullage% _____	Ullage% _____

Test Criteria: Test Time _____ Test Method TP 91-1 ☐ TP 96-1 ☐
Total Tank Capacity _____ Total Gallons _____ Total Ullage _____

Total Ullage _____ X5min/1000 Gal = _____ Length of Test _____

Tank Pad Inspection:

Grade	Spill Bucket Properly Installed & Tested				Spill Bucket Clean & Dry				Spill Bucket Drain Operable				Fill Vapor Caps & Gaskets			
87	Y		N		Y		N		Y		N		Y		N	
87	Y		N		Y		N		Y		N		Y		N	
89	Y		N		Y		N		Y		N		Y		N	
91	Y		N		Y		N		Y		N		Y		N	
	Y		N		Y		N		Y		N		Y		N	
	Y		N		Y		N		Y		N		Y		N	

Pre Test Completion Checklist:

Communication ☐ Results _____
A/L ☐ Results _____
Pressure Decay ☐ Results _____ (value)
PV Checked ☐ Results _____
Dry & Clean ☐ Results _____
Liquid Blockage ☐ Results _____
Test Dry Brakes ☐ Results _____
gpm checked ☐ Results _____
Checked Vapor Pot ☐ Results _____

Was all work performed by the testing company ? Yes ☐ No ☐ (If No then refer to comment sheet)
Was the system tested after repairs ? Yes ☐ No ☐

I certify that the facility's vapor recovery system and equipment, including hoses, nozzles, dispensers, vapor return line and tanks, have been tested for tightness to comply with federal, state and local regulations. I certify that the Facility is ready for its annual test.

Tester Signature _____ Date _____